TOWN/CITY OF _______BENEFIT DATA INFORMATION SHEET

YORK COUNTY

(Select portions of York County, see list of communities below)

Date:		(Select portions of	TOIR County, see its	. or communities t	CDBG EDP SURVEY #:
The Town/City of		has be	en awarded Communi	y Development Blo	ck Grant (CDBG) funds from the State of Maine,
Department of Economic and Com	munity Develor	oment. The proposed a	ctivities are:		
For the proposed activities ensuring compliance with CDBG p			ntation of program ber	nefit. Therefore, the	community is surveying the potential beneficiaries
Your response to the follow	wing questions	is critical for meeting Cl	DBG program requiren	nents. All response	s are confidential and used solely for securing CDBG
grant funds. THIS INFORMATIO	• .	•	, •	•	as soon as
possible. If you have questions, please contact				Thank you for your cooperation.	
In determining total family income u					=======================================
FAMILY SIZE	FAMILY INCOME (PI	ease Check one)		Acton, Alfred, Arundel, Biddeford, Cornish,	
(Circle One)	30%	50%	80%	Above 80%	Dayton, Kennebunk, Kennebunkport, Lebanon,
1 E	Below 19,250	19,251 - 32,100 _	32,101 – 51,350	Above 51,351	Limerick, Lyman, Newfield, North Berwick, Ogunqu Parsonsfield, Saco, Sanford, Shapleigh, Waterbord
	Below 22,000	22,001 – 36,700	36,701 - 58,700	Above 58,701	
	Below 24,750	24,751 – 41,300 _	41,301 – 66,050	Above 66,051	Wells
	Below 27,750	27,751 – 45,850 _	45,851 – 73,350	Above 73,351	
	Below 32,470	32,471 – 49,550 _	49,551 – 79,250	Above 79,251	
	Below 37,190	37,191 – 53,200 _	53,201 – 85,100	Above 85,101	
	Below 41,910	41,911 – 56,900 _	56,901 – 91,000	Above 91,001	
6 <u> </u>	Below 46,630	46,631 – 60,550 _	60,551 – 96,850	Above 96,851	
BENEFICIARY INFORMATION:					
Individual Race: Indicate by placing	an "X" on the app	ropriate line:			
White Black/African America American Indian/Alaskan Native &					Pacific Islander Asian & White ive & Black/African American
Individual Make-up: Indicate by placi	ng an "Y" on the	annranriata linas:			
Elderly: Severely Disabled			Vas No Rafo	re taking this job we	are you employed? Ves No
					and belief, and that the Town/City of,
the State of Maine, and the Fede					
and state of manie, and the road		it die nereby datiienz	ou to voiny the infor		10101111
Signature		Printed Name			Date
	1 mileu ivame			===========	Date:
TO BE FILLED OUT BY INDEPENDE	NT VERIFIER: L	MI NON-LMI			
Signature of authorized official			Date		

Revised 4/2022 Effective 4/1/2022